| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|----------------------------------|---|---|-------------------------|--------------------------------|------------|--|-------|-----------------------|--|
| Abdilnour, George | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 305 8th Ave Apt. 5 Cando, ND | N/A | N/A | N/A | Registered Nurse/Licensed Practical Nurse | ND | Termination 9/18/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Adolfson, Troy | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Pella, IA | 1458874 | N/A | 1578794715 | Physician | ND | Termination 7/18/2019 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Allred, Roshana | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 4/6/2020 | Failure to comply with rules and regulations. |
| Anderson (aka Fruge), Rebecca | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1225 Cottagewood Ln NW Apt 1 Mandan ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 9/24/2020 | Failure to comply with rules and regulations |
| Andrusco, Lisa Ann | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1062 1st St N Casselton ND 58102 | N/A | N/A | N/A | LPN – ND L17019 MN L721855 | ND/MN | Termination 7/20/2022 | OIG Exclusion |
| Aos, Douglas | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 508 Highland St Rolette, ND | N/A | N/A | 1356551840 | Pharmacist | ND | Termination 8/20/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------|---|--|-------------------------|--------------------------------|------------|-------------------------------|-------|------------------------|--|
| Asfora, Wilson | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1210 W 18 th St, Ste 100 Sioux Falls SD 57104-9890 | N/A | N/A | 1194706754 | Physician | ND | Termination 4/30/2021 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Bales, Diana | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Bismarck, ND | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/5/2019 | Quality of Care |
| Ballou, Stephanie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/19/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Barron, Tammy | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/7/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Beattie, Robert | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 401 6 th Street West Lemmon, SD 57638 | N/A | N/A | N/A | Medical Doctor L5931 | ND | Termination 4/20/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Bennett, Valerie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/10/2018 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------------|---|---|-------------------------|--------------------------------|---------------------|--|----------|------------------------|--|
| Berge, Robyn | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 2847 Parkview Drive S Fargo, ND 58103 | N/A | N/A | R38304 and L9540 | Registered Nurse/Licensed Practical Nurse | ND | Termination 2/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Bialik, David Harris | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 228 Circle Hills Drive Grand Forks, ND 58201 | 1456150 | N/A | 1427014752 | Licensed Clinical Social Worker | ND MN | Termination 10/20/2021 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Black, Carolyn | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Blake, Amanda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 424 8th St NW Valley City, ND 58072 | N/A | N/A | N/A | Licensed Practical Nurse L11010 | ND | Termination 7/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Blackmore, Antoinette | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 509 29th Ave N Apt 8 Fargo, ND 58102 | N/A | N/A | N/A | Personal Care Provider | ND | Termination 6/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Blue, Joanne Cecile Blue | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 9291 HWY 23, Unit 3 New Town, ND 58763 | N/A | N/A | N/A | Registered Nurse | ND | Termination 3/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------------|---|---|-------------------------|--------------------------------|------------|---|---------------|------------------------|--|
| Blue, Rachael | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 2221 30th Ave S Fargo ND 58103-5872 | N/A | N/A | N/A | Licensed Practical Nurse (Non ND MA Provider, has ND address) | ND | Termination 10/20/2020 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Bogard, Rosetta | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/12/2019 | Failure to comply with rules and regulations. |
| Brackins, Tonette | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 405 Morrison St West Fargo ND 58078-1633 | N/A | N/A | N/A | Qualified Service Provider, Home Health Agency | ND | Termination 1/20/2020 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Brooks, Joeline | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/12/2019 | Failure to comply with rules and regulations. |
| Brunelle, Marlene | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/26/2019 | Failure to comply with rules and regulations. |
| Carlisle, Katherine | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 221 6th St. S Aneta, ND 58212 | N/A | N/A | N/A | Licensed Practical Nurse L12363 | ND | Termination 9/18/2014 | The Office of Inspector General has excluded this provider from participation in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Carpenter, Thomas | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 8250 Bryan Dairy Rd, Ste 300 Seminole, FL 33777-1356 | N/A | N/A | 1952301699 | Physician | ND, FL, MN | Termination 3/20/2022 | The Office of Inspector General has excluded this provider from participation in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--|--|------------------------------|-------------------------|--------------------------------|------------|-------------------------------|-------|-----------------------|---|
| Charboneau, Raqual | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Devils Lake, ND | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 4/26/2020 | Suspected Fraud |
| Charette, Carl | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 6/22/2011 | Suspected Fraud |
| Charvat, Tana | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 2/8/2018 | Failure to comply with rules and regulations. |
| Cheauma, Marletta | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/9/2014 | Failure to comply with rules and regulations. |
| Christianson, Charles | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Grand Forks/Northwood, ND | N/A | N/A | 1083674337 | Physician | ND | Termination 6/25/2015 | Medicare Exclusion/Revocation. |
| Continental Home Health Aide, Inc. Owner: Kahim, Mohamed | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/16/2017 | Failure to comply with rules and regulations. |
| Conway, Jessica | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 1/3/2014 | Direct bearing offense. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------------------|---|------------------------------|-------------------------|--------------------------------|------------|----------------------------|-------|------------------------|--|
| Cota, Manuel | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/1/2015 | Failure to comply with rules and regulations. |
| Cree, Aaron | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations. |
| Crissler, Angela | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | 000032155 | N/A | N/A | Qualified Service Provider | ND | Termination 2/27/2015 | Failure to comply with rules and regulations. |
| Cruz, Emilio | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | (Federal Bureau of Prisons) | 000014295 | G39954 | 1669551610 | Physician | ND | Termination 7/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Dallman-Holeton, Antonette | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/5/2014 | Failure to comply with rules and regulations. |
| Day, Sandra | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Decoteau, Lucinda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/13/2017 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------------|--|--|-------------------------|--------------------------------|------------|---|-------|------------------------|--|
| Desjardins, Desiree | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | 1453609 | N/A | 1356661474 | Registered Nurse | ND | Termination 11/20/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Disrud, Heather | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1029 36th Avenue N Fargo ND 58102 | N/A | N/A | N/A | Developmentally Disabled Agency Employee | ND | Termination 3/10/2023 | Inappropriate Billing |
| Dubois, Calvin | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations. |
| Duttenhefer, Doreen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L13783 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Dykema, Nicole | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 9467 11th Ave SE Strasburg, ND 58573 | N/A | N/A | N/A | Registered Nurse | ND | Termination 9/20/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Elmore, James Frank | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 1/15/2015 | Direct bearing offense. |
| Enno, Jamie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 12/24/2011 | Failure to comply with rules and regulations. |
| Erhart, Bryce | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Extended Life Home Care 109 Collins Ave Mandan, ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/25/2016 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---|---|--|-------------------------|--------------------------------|------------|----------------------------|-------|-----------------------|---|
| Erhart, Melissa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Extended Life Home Care 109 Collins Ave Mandan, ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Lermination //25/2016 | Failure to comply with rules and regulations. |
| Extended Life Home Care Owners: Erhart, Bryce and Melissa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Extended Life Home Care 109 Collins Ave Mandan, ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/25/2016 | Failure to comply with rules and regulations. |
| Fiebiger (aka Boehland), Tanya | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Fiebiger Chiropractic 3060 25th St. Fargo, ND 58103 | 18869 | 13735 | 1316936289 | Chiropractor | ND | Termination 1/1/2013 | The North Dakota State Board of Chiropractic Examiners (Board) suspended this provider's license indefinitely, starting on March 27, 2012. As a result of the Boards' decision, North Dakota Medicaid terminated this provider from participating in the program. |
| Fiebiger Chiropractic | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Fiebiger Chiropractic 3060 25th St. Fargo, ND 58103 | 000010730 | N/A | 1093751083 | Chiropractor | ND | Termination 3/27/2012 | The North Dakota State Board of Chiropractic Examiners (Board) suspended the owners license indefinitely, starting on March 27, 2012. As a result of the Boards' decision, North Dakota Medicaid terminated this provider from participating in the program. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-----------------|--|---|-------------------------|--------------------------------|------------|---|-------|-----------------------|---|
| Fiebiger, Todd | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Fiebiger Chiropractic 3060 25th St. Fargo, ND 58103 | 000018868 | N14095 | 1730178609 | Chiropractor | ND | Termination 3/27/2012 | The North Dakota State Board of Chiropractic Examiners (Board) suspended this providers' license indefinitely, starting on March 27, 2012. As a result of the Boards' decision, North Dakota Medicaid terminated this provider from participating in the program. |
| Fleming, Coral | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L10456 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Folland, Lisa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/25/2018 | Failure to comply with rules and regulations |
| Forderer, Kevin | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 13801 10th Ave SE Bismarck ND 58504 | 1451689 | N/A | 1568061018 | Adult Foster Care/ Qualified Service Provider | ND | Termination 11/4/2021 | License revoked |
| Frane, Nicole | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 2074 30th Ave S, Apt 20 Grand Forks, ND 58201 | N/A | N/A | N/A | Registered Nurse | ND | Termination 7/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------------------------|---|--|-------------------------|--------------------------------|------------|---|-------|------------------------|--|
| Forderer, Susan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Grand Forks, ND 58201 | 1451691 | N/A | 1386246916 | Adult Foster Care/ Qualified Service Provider | ND | Termination 11/4/2021 | License revoked |
| Freemont, Dawn | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/29/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Fruge-Anderson, Rebecca | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1225 Cottagewood Ln NW Apt 1 Mandan ND 58554 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 9/24/2020 | Failure to comply with rules and regulations |
| Glick, Bethany (aka Iverson) | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 616 Main St S #204 Minot ND 58701-4446 | N/A | N/A | N/A | Registered Nurse | ND | Termination 10/20/2020 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Good Bear, Erica | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11967 | ND | Termination 7/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Gordon, Maxine | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Smiling Angels 1413 N 35th St Unit 3 Bismarck, ND 58501-7714 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/24/2016 | Direct bearing offense. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------|---|-------------------------------|-------------------------|--------------------------------|--------|-----------------------------------|-------|------------------------|--|
| Graf, Debra | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 8718 Quarry Ridge Lane Unit F | N/A | N/A | N/A | Registered Nurse | ND | Termination 6/14/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Grafsgaard, Amanda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/19/2019 | Failure to comply with rules and regulations. |
| Greeley, Loren Jr | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse | ND | Termination 11/20/2022 | The Office of Inspector General has excluded this provider from participation in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Grossman, Sheri | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L9652 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Halverson, Teresa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/17/2018 | Failure to comply with rules and regulations. |
| Hamley, Joann | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Belcourt, ND | 1464911 | N/A | N/A | Transportation | ND | Termination 6/27/2019 | Abusive billing. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------------------------|---|---|-------------------------|--------------------------------|--------|--|-------|-----------------------|--|
| Harper, Sandra | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 608 22nd St NW Minot, ND | N/A | N/A | L3826 | Licensed Practical Nurse | ND | Termination 9/18/2014 | The Office of Inspector General has excluded this provider from participation in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Hayes, Colleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/7/2015 | Failure to comply with rules and regulations. |
| Helde, Kassie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/1/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Heller (aka Aberle), Marcie April | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 3308 11th St SE Minot ND 58701-3133 | N/A | N/A | N/A | Registered Nurse R34484 (ND) Licensed Practical Nurse L12341 (ND), 2308386 (MN), NUR-RN- LIC- 76134 (MT) | ND | Termination 3/20/2020 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Hellerud, Michelle | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 810 1st Street N Fargo, ND 58102 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/9/2015 | Failure to comply with rules and regulations. |
| Henschel, Austin | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 2/14/2022 | Failure to comply with rules and regulations. |
| Hill, Mark | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 380 7th Avenue S Edinburg, ND 58227-2732 | N/A | N/A | N/A | Nurse Practitioner | ND | Termination 5/14/2021 | Criminal Conviction, Suspected Fraud |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|----------------------------------|---|---|-------------------------|--------------------------------|--------|---|-------|------------------------|--|
| Hilzendeger, Molly | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse | ND | Termination 11/20/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Hodge, Andrea | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/6/2014 | Failure to comply with rules and regulations. |
| Hornbaker, Grace (aka Kuznia) | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | East Grand Forks | N/A | N/A | N/A | Licensed Practical Nurse ND: L10803 MN: 67623-0 | MN | Termination 9/19/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. State: Failure to comply with rules and regulations. |
| Houle, Courtney | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/5/2014 | Failure to comply with rules and regulations. |
| Iverson-Glick, Bethany | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 616 Main St S #204 Minot ND 58701-4446 | N/A | N/A | N/A | Registered Nurse (Non ND MA Provider, has ND address) | ND | | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. State: Failure to comply with rules and regulations. |
| Ivesdal-Loraas, Dawn | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse, Advanced Practice Registered Nurse R24812 | ND | Termination 3/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Jackson, Clissie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Loving Hearts Home Care LLC | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/19/2023 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------|---|------------------------------|-------------------------|--------------------------------|--------|--|-------|------------------------|--|
| Jacobson, Amber | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/29/2016 | Failure to comply with rules and regulations. |
| Jaeger, Stacy | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11355 | ND | | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. State: Failure to comply with rules and regulations. |
| Jaehnre, AnnaLise | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/6/2018 | Failure to comply with rules and regulations. |
| Jandt, Jennifer | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse, L14248 (ND); PN291680 (PA) | ND | Termination 4/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Kalvoda, Ann | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/10/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Kennedy, Tasha | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------|--|--|-------------------------|--------------------------------|------------|---|-------|-----------------------|--|
| Kilfoyl, Elizabeth | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse R37294 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Kiner, Brent | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Hankinson, ND | 1455283 | N/A | N/A | Qualified Service Provider | ND | Termination 2/8/2017 | Failure to comply with rules and regulations. |
| Kiner, Nicole | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 12/4/2017 | Failure to comply with rules and regulations. Showed Pattern of Inappropriate Billing. |
| Kleppe, Janelle | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 6 Sheyenne Trail Court Horace, ND 58047 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/24/2016 | Direct bearing offense. |
| Kraft, Heidi | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/15/2017 | Failure to comply with rules and regulations. |
| Kuhn, Christine | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 3212 Lyon Road Mandan, ND 58554 | N/A | N/A | N/A | Registered Nurse and Licensed Practical Nurse R34411/L11033 | ND | Termination 7/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. State: Failure to comply with rules and regulations. |
| Laksonen, Richard | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | PO Box 399 Stanley, ND 58784 | 1462254 | N/A | 1457762627 | Nurse Practitioner | ND | Termination 9/15/2021 | Healthcare Fraud |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------|---|------------------------------|-------------------------|--------------------------------|--------|--------------------------------|-------|-----------------------|--|
| Lassonde, Skyler | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 2/27/2022 | Failure to comply with rules and regulations. |
| Lawrence, Shari | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Home Health Agency Employee | ND | Termination 9/20/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Letcher, Neal | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/23/2011 | Direct bearing offense. |
| Lindemann, Alan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Physician | ND | Termination 7/28/2022 | Failure to comply with rules and regulations. |
| Long Elk, Celeste | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/19/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Longie, Daisy | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/16/2018 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--|--|---|-------------------------|--------------------------------|------------|----------------------------|----------|------------------------|---|
| Lorenz, Kevin | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Eye Clinic of North Dakota 620 North 9th St. Bismarck, ND 58501 | 000018523 | N13979 | 1861480006 | Physician/ Eye Surgeon | ND | Termination 12/31/2011 | The North Dakota State Board of Medical Examiners (Board) suspended this provider's license indefinitely, starting on December 31, 2011. As a result of the Boards' decision, North Dakota Medicaid terminated this provider from participating in the program. On 8-5-2013, the Department received notification from the OIG that this provider has been officially excluded from all State and Federal Health Care Programs. These programs would include Medicaid and Medicare. |
| Loving Hearts Home C LLC. Owner: Clissie Jackson | Care Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | | 1464426 | | | Qualified Service Provider | ND | 7/19/23 | Failure to comply with rules and regulations. |
| Malone, Meranda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/20/2023 | Direct Bearing Offense |
| McGree, Patrick | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Montana State Prison 400 Conley Lake Rd #3026655 Deer Lodge, MT 59722 | N/A | N/A | 1427039064 | Physician, Family Practice | ND MT | Termination: 1/19/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-----------------------|---|---|-------------------------|--------------------------------|------------|------------------------------------|-----------|------------------------|---|
| McGuire, James | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination: 3/20/2015 | Failure to comply with rules and regulations. |
| Meany, Gavin | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 7525 4 th Ave Lino Lakes MN 55014 | N/A | N/A | 1962723825 | Physician | ND, MN | Termination 11/18/2021 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Moncera Gomez, Susana | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 221 7th Street W Apt 5 Bottineau, ND 58318 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 9/10/2015 | Failure to comply with rules and regulations. |
| Mossett, Joleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 12/31/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Myran, Dakota | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 531 3rd Ave, SE Dickinson, ND 58601 | N/A | N/A | N/A | Licensed Practical Nurse L13799 | ND | Termination 2/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Nermoe, Preston | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/2/2018 | Failure to comply with rules and regulations. |
| Obakhume, Shibu | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 16232 Moors Lane Fontana, CA 92336-5630 | N/A | N/A | N/A | Owner Regal Medical Supply | ND | Termination 8/31/2017 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-----------------------|---|---|-------------------------|--------------------------------|------------|---|-------|-----------------------|---|
| Olson, Tina | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 914 Bennett Street Bottineau, ND 58318 | N/A | N/A | N/A | Licensed Practical Nurse | ND | Termination 7/20/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Onafowode, Olufunlayo | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse R38403 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Payer, Alyssa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | 145993 | N/A | 1881781656 | Registered Nurse & Advanced Practice Registered Nurse, R27228 | ND | Termination 4/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Paul, Jeanne | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11330 | ND | Termination 8/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Peltier, Sherri | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/14/2017 | Failure to comply with rules and regulations. |
| Randall, Scott | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 10/21/2013 | Direct bearing offense. |
| Red-Owl, Nellie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/8/2015 | Failure to comply with rules and regulations |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------|---|--|-------------------------|--------------------------------|--------|--|-------|-----------------------|---|
| Renner, Carla | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse R27353 | ND | Termination 8/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Reyes, Vanessa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 4/5/2018 | Failure to comply with rules and regulations. |
| Robinson, Ronkica | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 114 East Broadway #3 Dickinson, ND 58601 | 1464754 | N/A | N/A | Qualified Service Provider | ND | Termination 8/22/2016 | Failure to comply with rules and regulations. |
| Roller, Stephan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 1/11/2014 | Failure to comply with rules and regulations. |
| Rowe, Colleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | PO Box 4, Dalton NE 69131 | N/A | N/A | N/A | Licensed Practical Nurse | ND | Termination 9/20/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Rue, Mary | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 29 Pitcher Park SE Devils Lake, ND 58301-3909 | N/A | N/A | N/A | Registered Nurse/Licensed Practical Nurse | ND | Termination 8/15/2016 | Failure to comply with rules and regulations. |
| Sailor, Chad | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | PO Box 466 Westhope, ND 58793 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/24/2016 | Direct bearing offense. |
| Sannes, Irmgard | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/11/2013 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-----------------------------------|---|---|-------------------------|--------------------------------|--------|-----------------------------------|-------|------------------------|---|
| Scheresky, Gertrude | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 608 Carvel Street Box 243 Max, ND 58759 | N/A | N/A | N/A | Licensed Practical Nurse L7642 | ND | Termination 7/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Schiller, Frederick | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse R33533 | ND | Termination 11/18/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Schlosser (aka Vliem), Miranda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/10/2018 | Failure to comply with rules and regulations. |
| Schreiner, Wanda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 323 East Main Street Fargo, ND 58103 | N/A | N/A | N/A | Licensed Practical Nurse L8783 | ND | Termination 7/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Selburg, Sarah | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Dunseith, ND | 1455283 | N/A | N/A | Qualified Service Provider | ND | Termination 8/21/2017 | Abusive billing. |
| Selnes, Nathan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 202 1st Ave E West Fargo, ND 58505 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/16/2016 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---|---|--|-------------------------|--------------------------------|--------|------------------------------------|-------|-----------------------|--|
| Smiling Angels - Owner: Gordon, Maxine | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Smiling Angels 1413 N 35th St Unit 3 Bismarck, ND 58501-7714 | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/29/2016 | Failure to comply with rules and regulations. |
| Smith, Francis R | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 2/9/2018 | Failure to comply with rules and regulations. |
| Snegirev, Nekie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/22/2018 | Failure to comply with rules and regulations. |
| Snyder, Lindy | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/7/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs |
| Sorenson, Keith Edward | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 5/01/2012 | Direct bearing offense. |
| Spiekermeier, Megan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 4259 9 th Ave Cir S, Apt 301 Fargo, ND 58103 | N/A | N/A | N/A | Licensed Practical Nurse L12983 | ND | Termination 1/20/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|------------------------|---|--|-------------------------|--------------------------------|--------|------------------------------------|-------|-----------------------|--|
| St. Claire, Adrienne | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 9742 Hwy 30 Rolla, ND 58337 | 1462942 | N/A | N/A | Qualified Service Provider | ND | Termination 3/27/2020 | Direct bearing offense. |
| St. Claire, Amber | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/15/2018 | Failure to comply with rules and regulations. |
| Steffens, Karen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 2820 Westgate Drive S Fargo, ND 58103 | N/A | N/A | N/A | Registered Nurse R10907 | ND | Termination 4/20/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid and all Federal Health Care Programs. |
| Stiefel, Kathleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse R28344 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Stoneburg, Derek | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L11557 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Stortroen, Amber Marie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 401 Central Ave E Velva ND 58790-7302 | N/A | N/A | N/A | Licensed Practical Nurse L12352 | ND | Termination 3/20/2020 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Summers, Shirley | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/31/2012 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|---------------------|--|------------------------------|-------------------------|--------------------------------|------------|----------------------------|-------|-----------------------|--|
| Swenning, Myron | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/4/2012 | Failure to comply with rules and regulations. |
| Thomas, Angela | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 10/5/2018 | Failure to comply with rules and regulations. |
| Tillett, Kathleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/4/2012 | Failure to comply with rules and regulations. |
| Trottier, Savannah | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | 1479544 | N/A | 1811566839 | Qualified Service Provider | ND | Termination 3/17/2022 | Failure to comply with rules and regulations. |
| Troxel, Crystal | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 4/24/2014 | Failure to comply with rules and regulations. |
| Trzpuc, Ryan | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 5/4/2015 | Direct bearing offense. |
| Two Eagle, Tiffaney | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | 1235650250 | Registered Nurse 29206 | ND | Termination 3/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------------------------|---|---|-------------------------|--------------------------------|--------|----------------------------|-------|------------------------|--|
| UMA Home Health Care Systems, LLC | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/12/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Vallie, Linda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/10/2018 | Failure to comply with rules and regulations |
| Vane, David | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/2/2014 | Failure to comply with rules and regulations. |
| Vigil, Rachelle | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/4/2012 | Failure to comply with rules and regulations. |
| Volrath, Amanda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 316 4th ST NW Apt 104 East Grand Forks, MN 56721 | N/A | N/A | N/A | Registered Nurse R37526 | MN | Termination 11/19/2015 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Walker, Oscar | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 11/25/2013 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Walker, Robert | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/7/2012 | Failure to comply with rules and regulations. |
| Warner, Candace | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 3/16/2014 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|--------------------|---|---|-------------------------|--------------------------------|------------|---------------------------------------|-------|-----------------------|---|
| Wasemiller, James | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | Medical Arts Clinic 614 Dakota Ave W Wahpeton, ND | 000012647 | N19575, N13045 | 1619995420 | Pain Management Doctor | ND | Termination 6/30/2012 | The North Dakota State Board of Medical Examiners (Board) suspended this provider's license indefinitely, starting on June 30, 2012. As a result of the Boards' decision, North Dakota Medicaid terminated this provider from participating in the program. |
| Wattendorf, Stacie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Licensed Practical Nurse L13524 | ND | Termination 5/20/2014 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Weah, Gracious | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Certified Nursing Assistant, 82494 | ND | Termination 3/20/2023 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| White Tail, Jamie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 6/8/2011 | Direct bearing offense. |
| Wheeler, Carissa | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1733 E Flint Lockway Chandler, AZ 58286 | N/A | N/A | N/A | Licensed Practical Nurse | ND | Termination 8/19/2016 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| WhiteBear, Donette | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/24/2019 | Failure to comply with rules and regulations. |

| Provider Name | Provider Verification | Business Name and Address | Medicaid Provider ID | Medicare Provider Number | N.P.I. | Provider Type | State | Exclusion Date | Reason for Exclusion |
|-------------------------|---|---|-------------------------|--------------------------------|--------|----------------------------|-------|------------------------|---|
| Whitebody, Sari | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Denial 11/5/2014 | Direct bearing offense. |
| Whiteman, Katrina | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1701 69th Ave N 337 Minneapolis, MN 55430-1443 | N/A | N/A | N/A | Personal Care Provider | MN | Termination 6/20/2022 | The Office of Inspector General (OIG) has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs |
| Wilson, James, Allen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Registered Nurse | AZ | Termination 11/20/2022 | The Office of Inspector General has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs. |
| Wilson, Robert | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 6/4/2012 | Failure to comply with rules and regulations. |
| Winanz, Marco | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 7/20/2018 | Failure to comply with rules and regulations. |
| Winter, Hayley Kathleen | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | 1636 24th Ave S #36 Grand Forks ND 58201 | N/A | N/A | N/A | LPN – L16656 | ND | Termination 7/20/2022 | The Office of Inspector General (OIG) has excluded this provider from participating in any capacity in Medicare, Medicaid, and all Federal Health Care Programs |
| Wright, Linda | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | 1473158 | N/A | N/A | Qualified Service Provider | ND | Termination 8/5/2018 | Abusive billing. |
| Yarber, Margie | Contact DHS Program Integrity Unit at medicaidfraud@nd.gov to verify. | N/A | N/A | N/A | N/A | Qualified Service Provider | ND | Termination 8/6/2016 | Failure to comply with rules and regulations. |